

## Discussant Remarks

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## An Important and Neglected Issue

- No mention of this issue in:
  - Nicotine and Public Health. (Ferrence, Slade, Room & Pope, 2000). APHA.
  - Clearing the Smoke. (Stratton, Shetty, Wallace, & Bondurant, 2001). IOM.
- Or the talks I've heard today.

## Two Harm-Reduction Products

- Snus is less dangerous than cigarettes
  - No lung cancer & No respiratory disease (50% of smoking deaths from these)
  - Probably less cardiovascular disease
  - Possibly equal oral cancers to cigarettes
  - No secondhand smoke or fires
- Medicinal nicotine (NRT) is much less dangerous than Snus.
  - Less cardiovascular disease
  - No oral cancer

## Clinical vs. Public Health

- |                                      |   |
|--------------------------------------|---|
| ■ <b>Clinical</b>                    | ■ <b>Public Health</b>                        |
| ■ Individual patient                 | ■ Greatest good for greatest number of people |
| ■ Risks vs. benefits for individuals |   |

## Human Rights vs. Public Health

- |  |  |
|--|--|
| ■ <b>Human Rights</b>  | ■ <b>Public Health</b>   |
| ■ All humans are equal in dignity and rights                           | ■ Greatest good for greatest number of people  |
| ■ Autonomy   | ■ Paternalistic— <ul style="list-style-type: none"><li>■ "Father knows best"</li></ul> |
| ■ Informed choice & consent fundamental rights in research and therapy |  |

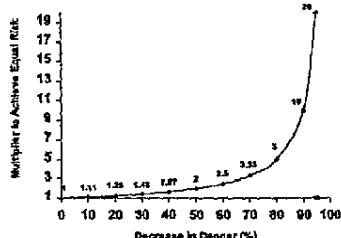
## Human Rights and Health

- American Public Health Association (2000) (Nuremberg Code, United Nations)
- **"Human rights must not be sacrificed to achieve public health goals, except in extraordinary circumstances, in accordance with internationally recognized standards." (APHA, 2000)**

## Standards for Overriding Individual Rights Include:

- **Proportionality:** "The limitation of rights must be proportional to the public health interest and its objective." (Red Cross, p.48)
- **Probability:** "The risks to the public must be probable, not merely speculative or remote." (Gostin & Mann, p. 67)

Risk/Use Equilibrium



Kozlowski, Strasser, Giovino, et al. Applying the Risk/Use Continuum: Use Medicinal Nicotine Now for Harm Reduction, *Tobacco Control*, in press.

## Clear and convincing evidence? – proof producing a firm belief or conviction

- "... Pauly & colleagues (1995) and Hughes (1998) **raise the possibility** that ... PREPs ...**could** lead to increased initiation." IOM, 3-8.
- "... and **possibly** to an adverse effect on the population." IOM, 8-4.
- This is not even the language of the lower standard of proof: a preponderance of evidence—more likely than not ...

## Human Rights vs. Public Health

- **Human Rights**
  - For some products (NOT CIGARETTES), clear & convincing harm-reduction to individuals (not "safety").
- **Public Health**
  - An iffy, forecast that some scenarios could possibly occur that might be bad, but they might not, and, further, it will take years of research and surveillance to have confidence.

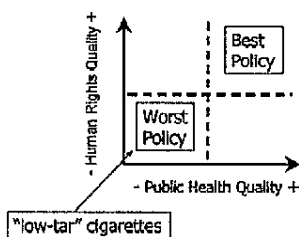
## Consider these Questions

- Are adult nicotine addicts too impaired to give an Informed Choice?
- If product X reduces harm significantly to individuals, do they have a right to decide to use this product or not?
- Should Informed Choice or Consent be ignored if we don't like or disagree with the decision?

## Interventions on "Right to Know" and Reproductive Health

- **Information-Education-Communication (IEC):** comprehensive programming intervention to achieve or consolidate behavior or attitude changes in specific groups
  - S.I. Cohen, Technical Paper 1, UNFPA, 1994.
- Includes mass media advertising, message placements in TV programs, training of health professionals to discuss the needed information.
  - Lynn Freedman, In *The Right to Know: Human Rights and Access to Reproductive Health Information* (ed. S. Coliver, 1995).

### Health/Human Rights Needs Assessments



"Health and Human Rights" ed. **Jonathan M. Mann**, et al. (Routledge, 1999). Page 52.

### Human Rights & Harm Reduction

- Gullible, biased, imperfect, mistake-making human beings (just like us) have a basic right to information and choices.
- Public Health needs strong justification to deny these human rights.
- Harm reduction policy should systematically consider human rights.